

PART B - FEE(S) TRANSMITTAL

OCT 2 7 2005

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(571) 273-2885

INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where campropriate and partner correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

21186

7590

07/26/2005

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A. P.O. BOX 2938

Complete and send this form, together with applicable fee(s), to: Mail

MINNEAPOLIS, MN 55402-0938 10/27/2005 EAREGAY2 00000005 09712600

APPLICATION NO.

01 FC:1501 02 FC:8001

1400.00 OP 3.00 DP

FILING DATE

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Mya D. S	child .	(Depositor's name
Mrs A.	Stild	(Signature
Do	oleer 25, 20)05 (Date
TOR	ATTORNEY DOCKET	NO. CONFIRMATION NO.

044407:0684 3680 11/14/2000 Victor T. Chen 09/712.600 TITLE OF INVENTION: METHOD AND APPARATUS FOR USING ATRIAL DISCRIMINATION ALGORITHMS TO DETERMINE OPTIMAL PACING THERAPY AND THERAPY TIMING

FIRST NAMED INVEN

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	10/26/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
OROPEZA, FRANCES P		3762		607-014000		
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI	ce address or indication of "F idence address (or Change of 122) attached. ation (or "Fee Address" Indication for more recent) attached. Us D RESIDENCE DATA TO E	Correspondence ation form of a Customer E PRINTED ON T	(1) the na or agents (2) the na registered 2 registered listed, no	nting on the patent front page, limes of up to 3 registered paten OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed. If (print or type)	t attorneys member a les of up to no name is 1 Woess 3	egman, Lundberg, ner & Kluth, P.A.
PLEASE NOTE: Unles recordation as set forth i	in 37 CFR 3.11. Completion	of this form is NO	i a substitute	cear on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR CO		document has been filed for
CARDIAC PAG	CEMAKERS, INC.	ries (will not be pr		PAUL, MINNESOTA	orporation or other private	group entity Governmen
a. The following fee(s) are			. Payment of			
⊠ Issue Fee			A check	in the amount of the fee(s) is en	closed.	
_	small entity discount permitt	ed)		by credit card. Form PTO-2038		
Advance Order - # of Copies		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19 5 4 3 (enclose an extra copy of this form).				
a. Applicant claims	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27.		cant is no longer claiming SMA		
The Director of the USPTO NOTE: The Issue Fee and nterest as shown by the re-) is requested to apply the lss Publication Fee (if required) cords of the United States Pat	ue Fee and Publica will not be accepte ent and Trademark	tion Fee (if a d from anyon Office	ny) or to re-apply any previous e other than the applicant; a reg	y paid issue fee to the appl istered attorney or agent; or	ication identified above. r the assignee or other party
Authorized Signature	Toma ort	10/		Date 2	V1 111	7

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22311-1450 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Registration No. 40.957

Typed or printed name ____

Timothy B.

Clise